

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046489

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 5

VS 300
Rev. 4/59

10380

20386

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry		c. CITY OR TOWN Stanberry	
Length of stay in 1b life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION south part of town		d. STREET ADDRESS (If outside, give location) South part	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Verlin Middle Harold Last Clemmons		4. DATE OF DEATH Month Dec. Day 26 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1912
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months 50 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY labor	
11. BIRTHPLACE (City and state or country) Gentry county, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME LeRoy Clemmons		13b. MOTHER'S MAIDEN NAME Anna O'Neal	
14. NAME OF HUSBAND OR WIFE E. V. Christa Clemmons		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. E. V. Christa Clemmons, Stanberry, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma to lung and liver - primary site unknown. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH months	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:45 a.m. p.m. Month, Day, Year 12-2-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Stanberry, Mo.	
20g. COUNTY Gentry		20h. STATE Mo.	
21. I attended the deceased from 12-2-62 to Death and last saw ^{her} him alive on 12-26-62 Death occurred at 3:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Alfred R. Carlson MD (Degree or title)		22b. ADDRESS Stanberry, Mo.	
22c. DATE SIGNED 1-7-63		22d. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	
22e. LOCATION (City, town, or county) Stanberry, Mo.		22f. STATE Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec. 29, 1962	
23c. FUNERAL DIRECTOR JOHNSON FUNERAL HOMES, Stanberry, MO.		23d. DATE RECD. BY LOCAL REG. 1-8-63	
23e. REGISTRAR'S SIGNATURE Mrs. L. W. Bone		23f. ADDRESS Stanberry, Mo.	

rec'd
1-8-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Charles Dean Allen, Student Embalmer No. 671

working under my personal supervision.

Student Charles Dean Allen
Signature of Student Embalmer

Signed Loss Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanherry Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.